SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 3072 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MoveOn.org Political Action Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Luengo, Anika, , , Date of Receipt Mailing Address 2424 NE 19Th Ave 2020 City Zip Code State Transaction ID: 4249719 OR Portland 97212-4252 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Organ Cinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Luers, William, , , Date of Receipt Mailing Address 26 Pinebrook Rd 2021 City State Zip Code Transaction ID: 4178753 NH Nashua 03062-2240 Amount of Each Receipt this Period FEC ID number of contributing 434.50 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Tamposi Nash Real Estate Real Estate Broker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 434.50 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Lujan, Bernadette, , , Date of Receipt Mailing Address 608 University Ave 26 2020 City State Zip Code Transaction ID: 4280380 NM Las Vegas 87701-4248 Amount of Each Receipt this Period FEC ID number of contributing C 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Balanced Health Acupuncture Center Acupuncturist Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 474.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....